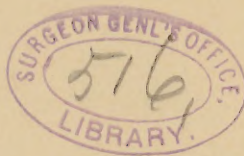


Reeve (J. C.)

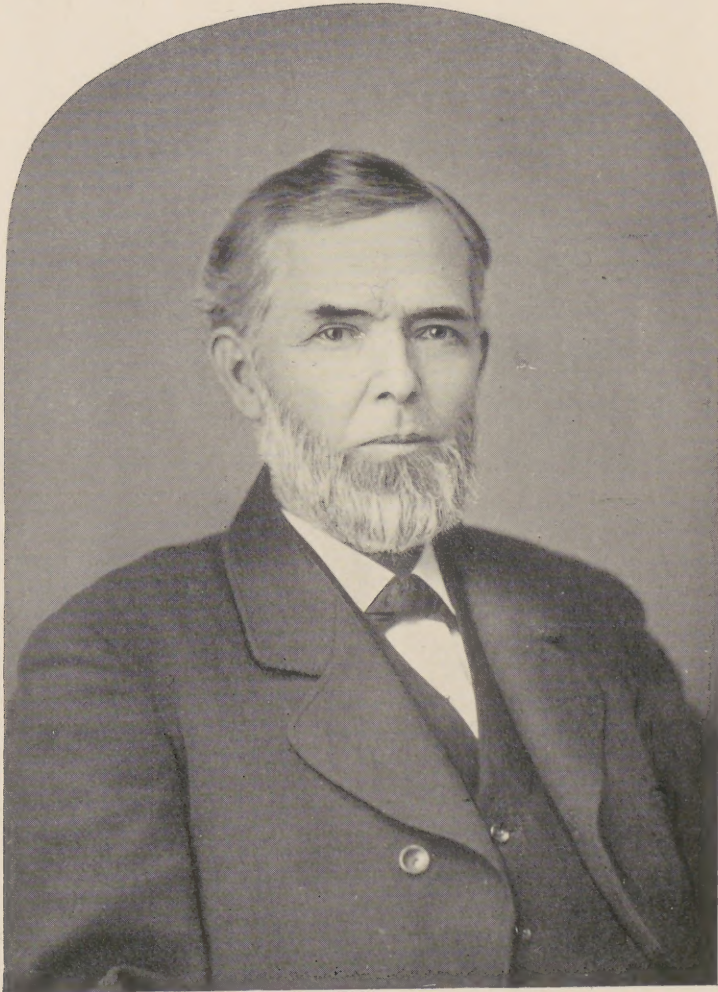
IN MEMORIAM.
ALEXANDER DUNLAP, A.M., M.D.

BY
J. C. REEVE, M. D.

Reprint from THE NEW YORK JOURNAL OF GYNÆCOLOGY
AND OBSTETRICS.







ALEXANDER DUNLAP, A. M., M. D.

IN MEMORIAM.*

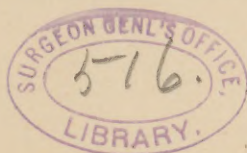
ALEXANDER DUNLAP, A. M., M. D.

By J. C. REEVE, M. D.

ALEXANDER DUNLAP was born in Brown County, Ohio, on the 12th of January, 1815. His academic education was acquired by two years' study at Athens, Ohio, and by two years at Miami University at Oxford, Ohio, where he graduated in 1836. He read medicine with his brother, Milton Dunlap, at Greenfield, Ohio, and attended lectures at the Cincinnati Medical College, where he obtained his medical degree in 1839. He then entered upon practice with his brother, but moved to Ripley, Ohio, in 1846, and to Springfield, Ohio, in 1856, where he resided until his death which took place February 16, 1894.

The life, a brief record of which is here given, extends over a period of time in which surgery made one of its most brilliant advances. The performance of ovariectomy and its establishment as a legitimate operation was the first step in the field of abdominal surgery. Further cultivation of that field has led, with the assistance of anæsthetics, to operative procedures which the wildest imagination would not have conceived and has rendered to humanity substantial benefits unsurpassed in any other department of the art. Dr. Dunlap played no unimportant part in this great advance. He was one of its pioneers. Among the first to perform ovariectomy, he undertook it without instruction or clinical study, and repeated it many times before the principles upon which its success depends were established. While demonstrating, in spite of professional discountenance, its feasibility, he advocated its performance when such advocacy not

* Read before the American Gynæcological Society, in Washington, D. C., May 31, 1894.



only awakened opposition but entailed obloquy. Some record of his work is therefore due, not only to the memory of a man who rendered good service in the cause of medical progress, but to the surgical history of a section of our country, then almost a wilderness, where ovariectomy had its birth, and it is due to the history of American surgery at large.

Dr. Dunlap wrote but little ; he published no reports of cases and kept no accurate record of his work. He was not ready with the pen, but there was another and more effective reason for his silence, as will be seen later. In 1860 the State Medical Society of Ohio made a formal request upon him for a paper upon the operation of ovariectomy, in the performance of which he had by that time achieved a reputation which extended beyond the limits of the State. This request, however, he did not comply with until 1868, and the volume of *Transactions* of the Society for that year contains his first paper upon the subject. The tone of this paper is markedly practical. The author presents the results of his work with clearness and advocates the operation with dignity and firmness. The action of the society in 1860 showed plainly that a change was taking place in the direction of the current of professional opinion. From 1843, the year in which John L. Atlee, of Lancaster, Pa., and Dr. Dunlap performed their first operations, ovariectomy had been opposed with a bitterness which it is difficult now to comprehend. The operation was declared by those occupying high places in the profession as unjustifiable or criminal, and those who performed it were denounced in no measured terms and even threatened with legal prosecution.* The opposition was slowly yielding before increased experience and the advocacy of able men, a very efficient factor in promoting its disappearance being, doubtless, a paper read by Dr. Peaslee before the New York Academy of Medicine in 1864.

Up to 1868 Dr. Dunlap had performed thirty-eight ovariectomies. Of these, two were abandoned uncompleted ; one of them being malignant in character and nine had proved fatal. Two deaths were from hæmorrhage and one from narcotism, over-doses of morphine having been administered by mistake. Many things in this paper seem very queer to us now ; many doctrines then accepted have become obsolete, many measures then considered essential to success have been proved worthless or even positively injurious. It is stated

* *A Retrospect of the Struggles and Triumphs of Ovariectomy in Philadelphia.* By Washington L. Atlee. Pamphlet, 1875.

in the paper that in all his operations the "long incision" had been made. The warm contest between the advocates of the long and short incision through the abdominal walls is unknown to this generation. The doctrine as to the conservative influence of the stretching and pressure which the peritonæum undergoes from the growth of the tumor would scarcely be accepted to-day! There is a distinct disclaimer in the paper of any desire to interfere with tumors which had not attained a weight of at least twenty pounds, or that had not yet affected the general health! But this remained the teaching of the highest authority for a considerable time afterward. "Never regard ovariectomy as an operation to be performed while the patient is in good health."* This doctrine did not entirely disappear until after the publication of Dr. Bantock's *Plea for Early Ovariectomy* in 1881.

It was the lot, as it was the good fortune of the writer, to assist Dr. Dunlap in some of his early operations. Two of these, both successful, he felt impelled to report,† as a plea for an operation then "not everywhere recognized as legitimate or even justifiable," and also in order to present the method of operating followed, in regard to the relative value of some points of which there was wide difference of opinion. Dr. Dunlap's manner of operating at that time was in the highest degree primitive. Scalpel, forceps and director were the only instruments provided. The abdomen was opened, the cyst exposed, then incised with the scalpel and its contents caught in a wash-basin. Adhesions were separated as the cyst was withdrawn, or the incision was extended without hesitation in order to gain access to them. Bleeding from separated adhesions was checked by the application of cold water. In one case this was continued for twenty minutes and no evil results followed.‡ In closing the wound the stitches were not passed through the peritonæum. The pedicle was transfixed with a ligature of heavy silk, each half tied separately, then one end carried around the whole and tied again; one end was then cut short and the other brought out at the lower angle of the wound, there to hang until separated by process of ulceration. This always required weeks, sometimes many months. In a case of a girl, aged thirteen, operated on by the writer, where this plan was followed,

* Peaslee; paper of 1864. See his work on *Ovarian Tumors*, New York, 1872, p. 255.

† Amer. Jour. Med. Sciences, April, 1864.

‡ Paper before State Medical Society.

more than a year elapsed before the ligature came away, and this in spite of all measures to hasten it. This mode of treatment of the pedicle seems very strange in view of the fact that in Dr. Dunlap's first case both ends of the ligature were cut short, the pedicle dropped back and the wound closed. There is not the slightest probability that Dr. Dunlap knew, even as late as 1868, that this was the plan pursued by Nathan Smith, in 1821, the second operator in the United States, and by D. L. Rogers of New York, the fourth, in 1829. It looks very much as if, after his first case, he informed himself as to the plan followed by McDowell and Atlee and made this step backward under the influence of their example.

Dr. Dunlap prepared a paper for the Ninth International Medical Congress which convened at Washington in 1887. It was on the *Early History of the Revival of Ovariectomy* and was published in pamphlet form. In this he gives a graphic account of his first case, his anxieties as he pondered the case, and his hesitation in undertaking it. He recognized, after several tappings, the nature of the tumor. He knew that McDowell had successfully removed such tumors, and that was about the extent of his knowledge. He sought in vain for information as to the different steps of the operation or as to what difficulties he might meet with in the attempt. Journals were few and books not accessible to him in those days. "I was as one in the dark, with no one to bring me a light. I was alone, with no one to advise me." These words reveal a situation difficult to realize now. Fortunately Dr. Dunlap had a patient of no ordinary mold. She urged him to undertake the operation, although there was no anæsthetic to save her from suffering, and she took upon herself all the responsibility in case of failure. This heroism recalls that of the young woman who submitted over and over again to operation by Marion Sims and upon whom he established the operation for vesicovaginal fistula. The names of these humble women have passed away; their memories deserve a tribute from those who practice or who profit by improvement in surgical methods. Finally, the operation was performed on the 17th of September, 1843. The patient did not reap the reward she deserved; she died on the twentieth day, from what cause does not clearly appear. Dr. Dunlap did not operate again until 1849, and this second operation was also done without an anæsthetic. In June, 1843, Dr. John L. Atlee, of Lancaster, Pa., had performed his first operation which was not known at the time to Dr. Dunlap. In the following year Dr. Washington L. Atlee, of Philadelphia, began to operate, and the skill and energy of these two

brothers, their position in a more densely populated section, and in and near a great medical center, transferred to the East the major part of the revival of the abandoned operation.

There now occurred an incident which exerted a very great influence upon Dr. Dunlap ever afterward :

"With a great deal of labor and care I prepared a report of the case [his first operation] for a Cincinnati medical journal, the editor of which was my old professor of materia medica in the Cincinnati Medical College—Dr. John P. Harrison. The editor returned the manuscript with a note explaining that his reason for not publishing it was that it would encourage an unjustifiable and murderous operation which had already been tried and condemned by the profession, both in this country and Europe." *

In resentment the manuscript was destroyed and the doctor essayed no more reports of cases. Some time afterward he received a rebuff from Dr. Reuben D. Mussey, then a leading surgeon of the country. After listening to a report of Dr. Dunlap's case he solemnly warned him that "he ought not to be doing such things!" Possibly the doctor was over-sensitive, very likely his personal appearance did not correspond with his surgical achievement—he says himself that he was "boyish in appearance." Dr. Mussey, too, spoke under the influence of his own experience. In 1828 he had attempted ovariectomy. He could not remove the tumor on account of adhesions, but cured the patient by emptying the sac and stitching it to the abdominal wall.† He afterward, however, favored the operation and became a friend of Dr. Dunlap. Dr. Atlee does full justice to this honored name in American surgery, in relating a visit made to him by Dr. Mussey in 1850 and his eager desire to learn all the particulars of the operation.†

The treatment received by Dr. Dunlap and which inflicted a wound from which he never entirely recovered was the same kind as that meted out to McDowell. The comments of the *Medico-Chirurgical Review* of London, then the leading journal of the world, upon his operation are well known: "We entirely disbelieve that it has ever been performed with success—nor do we think it ever will!" The extent, the bitterness, the persistency of the opposition to ovariectomy, the denunciation of those who performed it, can scarcely be imagined now. It is recorded in the pages of Peaslee and of Atlee.

* *Early History*, etc.

† Peaslee, *op. cit.*, p. 243.

‡ Address, p. 16.

Nor was this feeling confined to this country. Mr. Ernest Hart has recently told us that in London during the first attempts at ovariectomy, Dr. Robert Lee, then the leading obstetrician, openly stated that he was watching for a fatal case that he might cause the operator to be legally prosecuted! * He who now, after fifty years of service, would indicate the most striking contrast between the profession as it is to-day and as it was when he entered it would not find that contrast in the possession of anæsthetics nor in the triumphs of abdominal surgery, where even ovariectomy has sunk to a position of minor importance, but he would find it in the different spirit with which new doctrines, new measures and new operations are received. The "*Zeitgeist*" of medicine has taken on an entirely different form from that of a generation ago.

During his career Dr. Dunlap performed, as stated by his son, four hundred and twenty-eight abdominal sections, of which sixteen or eighteen were hysterectomies, with eighty-three per cent recovery. But it is his early work which most deserves consideration and the time at which it was done and the circumstances under which it was performed should ever be kept in mind. Preceding him in the operation were McDowell, thirteen cases, and one case each by Nathan Smith, 1821; Alban G. Smith, 1823; David L. Rogers, 1829; J. Billinger, 1825; J. L. Atlee, 1843. But more influential as to the progress of the operation were the failures that had been experienced, all of them in the best surgical hands of the United States, and among the operators several who had been successful. Thus there were failures and abandoned operations by Nathan and by Alban G. Smith, by Gallup, Trowbridge, Mussey, Billinger and Warren of Boston. † Of all this Dr. Dunlap at the time of his first operation knew nothing except the bare fact that McDowell had operated successfully. It is doubtless well that he did not know of the failures. He did not know what Atlee had done any more than Atlee knew of what had been done by Clay in the latter half of 1842. Publication did not then follow operation as meat follows grace. Seven years elapsed between the performance of McDowell's first operation and its publication!

It may be of interest to compare the progress of ovariectomy in Great Britain during the same period of time. Lizars, of Edinburgh, made three attempts in 1825, but up to 1862 there had been only one successful case in Scotland and three unsuccessful ones in Ireland.

* Address at Chicago, 1893.

† See Peaslee, *Ovarian Tumors*.

In England two attempts had been made in 1826-'27, but the first successes, three, were achieved in 1836. London, one of the great surgical centers of the world, had the first successful operation in 1842; the first case in one of its hospitals, then as now renowned schools of learning, was in 1840, and was unsuccessful, the first successful case in these institutions not occurring until 1846. There had been ten successful cases in the provinces up to 1842, in which year Clay of Manchester began his successful career. He had four operations with three successes in that year and in 1843 fourteen operations, the successes and failures being equally divided.

These facts are presented to show the relative position of Dr. Dunlap among the early operators, as well as to trace the slow and struggling progress of the operation. Ovariectomy did not attain a legitimate footing in this country or in Great Britain previous to 1855 and in both countries the large cities remained behind the provincial districts in accepting it. Even in 1864 when Dr. Peaslee read his paper before the New York Academy of Medicine, "there was not another surgeon in the city to defend the operation." *

In results attained in his early operations Dr. Dunlap will also bear comparison with his compeers. "Previously to the year 1850 twenty-two surgeons had attempted ovariectomy in this country and eighteen had performed it; of all the completed operations, thirty-six in number, twenty-one recovered and fifteen died." † Three of these cases were by Dr. Dunlap with two successes. Up to 1864 his mortality was 21 per cent. A collection of cases by English operators was then made for comparison, which showed 187 cases with 58 deaths, a mortality of 31 + per cent. ‡

But he who would make a just estimate of the relative success of early ovariectomies in the West must not fail to note the adverse circumstances under which they were performed. Chief among these was the entire absence of skilled nursing. A nurse, in the sense in which the term is now understood, did not then exist, and a distinct advance was made when the few who performed the operation refused it unless all the conditions could be secured most favorable for the recovery of the patient. The writer well remembers a case, the cause of more than usual anxiety because, for the first time, some dozen ligatures to bleeding points had been cut short and the abdomen

* Peaslee, *op. cit.*

† *Ibid.*, p. 245.

‡ *Amer. Jour. Med. Sci.*, April, 1864.

closed over them. This patient was nursed by her mother, a German peasant, who clattered about the two-roomed house in wooden shoes. Yet this case was successful. In carrying out the minute and beneficent precautions of aseptic surgery, it is well to remember that patients sometimes recovered without them. Dr. Dunlap overcame the difficulties arising from want of nurses by a most efficient and practical measure—he nursed his patients himself. He was accustomed to stay with them many days after the operation, giving them his personal attention, and in this way doubtless insured the success of many cases.

It is evident from the career sketched that Dr. Dunlap had strong points of character. As a man he was a type of those hardy pioneers who cleared the forests from the territory between the Alleghanies and the Mississippi River and brought the soil under cultivation. These men were not wise in book lore nor polished by intercourse with refined society, but in the undertakings of practical life they showed all the characteristics of stalwart manhood. Dr. Dunlap's academic course gave him probably as good an educational preparation as was then attainable, but that course in the institutions he attended did not mean then what it would now. The times and the circumstances were not favorable to study. The writer has a keen remembrance of the difficulties of attaining the elements of an education in Ohio during the fourth decade of this century. Again, temperament and tastes must be taken into consideration. Books were not Dr. Dunlap's companions nor scholarship his aim in life. But in careful study of what came under his observation, in sound reflection upon the possibilities of following an unknown course and in courage in entering upon it he merits the highest commendation. By steadfastness of purpose in spite of professional opposition, even of professional odium, continuing his course supported alone by the conviction of the rectitude of his conduct and the soundness of his position, he exhibited a heroism higher than that of the battlefield. His triumph was that he lived to see a recognition of the principles he contended for and a general acceptance of the operation, to the promotion of which he had devoted all his energies.

The claims of Dr. Dunlap to recognition as a surgeon rest, of course, upon his achievements. He undoubtedly undertook the operation of ovariectomy with less clinical and anatomical preparation than any of his predecessors or contemporaries. McDowell was supported by the teachings of Bell as to the feasibility of the operation and he had enjoyed the advantages of the hospitals of Edinburgh. Alban G. Smith

had seen McDowell operate. Nathan Smith had made several autopsies, or examinations of ovarian tumors removed *post mortem*, and had observed how slender was the pedicle by which they were connected to the body. He had, besides, for his first case one in which the tumor was of no great size and very movable.* These facts are not mentioned to the disparagement of these men but to place the undertaking of Dr. Dunlap in its true light. Undoubtedly, by his own showing, he would have been justly deemed guilty of foolhardiness had not success crowned his attempt and repeated operations manifested his skill.

If anything more than the narrative given is needed to establish the reputation of Dr. Dunlap as a surgeon two points may be adduced. His seventh case was one which went on to New England for operation under the idea that there was no one west of the Alleghanies who could perform it. An incision eight inches long was made and the operation abandoned on account of adhesions. She returned home and Dr. Dunlap operated upon her in the face of this experience; he removed the tumor and she recovered. Adhesions were, at that early day, the great stumbling block, and to appreciate this case it is only necessary to look over the list of early operations and note how many were abandoned on account of them. Again, in another early case internal bleeding occurred after the wound had been closed for six hours. Dr. Dunlap promptly opened the abdomen, sought and tied the vessels and, although he did not succeed in saving his patient, he demonstrated his courage and his good judgment in adopting a course which has since been many times followed with success.

Attention has been directed perhaps too exclusively to the operation which he aided so much to establish, but Dr. Dunlap did some very good surgery in other lines. Once he removed the entire clavicle, three times the inferior maxillary and removed a stone from the male bladder which weighed twenty ounces.

Dr. Dunlap was a member of the American Medical Association; he was twice elected one of its judicial council and served as one of its vice-presidents in 1877. In 1868 he was elected president of the State Medical Society of Ohio. He was made a member of the American Gynecological Society in 1877 but his name was placed among the honorary members some years before his death. He was also an honorary member of the American Association of Obstetricians and

* Smith's *Med. and Surg. Memoirs*, Baltimore, 1831, p. 230. Gilman Kimball, Pres. Address, Amer. Gyn. Soc., 1882.

Gynæcologists. From 1874 to 1885 he filled the chair of Gynæcology and Surgical Diseases of Women at Starling Medical College, Columbus, Ohio.

The latter years of his life were years of suffering. He lived long into the feebleness of age and he twice underwent the operation of lithotripsy at the hands of Dr. Dandridge, of Cincinnati.

Two members of his family survive him, Dr. C. W. Dunlap and Mrs. Mary E. Hamilton, both of Springfield, Ohio.

